

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 21 1953  
BIRTH NO. APR 21 1953 REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5881 Registrar's No. 9

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>OSAGE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY OR TOWN <u>Belle</u>		c. CITY OR TOWN <u>Belle</u> <u>0760</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. H. 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Belle - Mo R. H.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>A.</u> c. (Last) <u>GILMORE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 13 - 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 3 - 1874</u>
9. AGE (In years) <u>79</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer &amp; Timber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self -</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Cooper Hill - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Gilmore</u>		13b. MOTHER'S MAIDEN NAME <u>Manda Brumby</u>	
14. NAME OF HUSBAND OR WIFE <u>Pearl Dearduff</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>4200</u>	
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. D. A. Gilmore - Belle, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic glomerulonephritis and nephrosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>possible hemorrhagic pancreatitis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>May 2, 1952</u> , to <u>April 13, 1953</u> , that I last saw the deceased alive on <u>April 13, 1953</u> , and that death occurred at <u>12:55 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>F. L. Royal, M.D.</u>		23b. ADDRESS <u>Belle, Mo.</u>	
23c. DATE SIGNED <u>4-14-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-15-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Knob</u>		24d. LOCATION (City, town, or county) (State) <u>Belle Mo - R. H.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Clyde Morton Kinn, Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-18-1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Vernon M. Mottac

Licensed Embalmer No. 4125

P. O. Address Linn Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.